

Verify eligibility for fully-employed student membership at mypihra.org/studenteligibility

Are you a: HR Practitioner Service Provider/Other Member of SHRM? No Yes - Member # _____

Name _____
First Name Middle Initial Last Name

Preferred PIHRA Location: _____

Professional Designation: PHR® SPHR® GPHR® PHR-CA® SPHR-CA® _____

Company _____

Title _____

Company Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Dates employed in current position: (Mo/Yr) ___/___ to ___/___

Alternate Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

Send mail to Company Alternate Address

HR FUNCTIONS PERFORMED

- | | | |
|---|---|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Employee Assistance Programs | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Affirmative Action/EEO | <input type="checkbox"/> Employee Relations | <input type="checkbox"/> Policies and Procedures |
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Employment Law | <input type="checkbox"/> Professor |
| <input type="checkbox"/> Career Management | <input type="checkbox"/> Employment/Recruitment | <input type="checkbox"/> Research |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Generalist | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Compensation | <input type="checkbox"/> HRIS/HRMS | <input type="checkbox"/> Safety/Health/Security |
| <input type="checkbox"/> Compliance | <input type="checkbox"/> International HR | <input type="checkbox"/> Student |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Labor Relations | <input type="checkbox"/> Training and Development |
| <input type="checkbox"/> Diversity | <input type="checkbox"/> Organizational Development | <input type="checkbox"/> Workers' Compensation |

Vendor Mailing List

We occasionally send emails offering programs, products, and services from HR service providers. Please initial here _____ if you **do not** want to receive these mailings.


PIHRA's Online Membership Directory


PIHRA's online membership directory is searchable by other members. Please initial here _____ if you **do not** want to be listed in the directory.


How Did You Hear About Us?


- Previous PIHRA member (If known, PIHRA ID# _____)
- District Meeting
- Seminar / Event / Conference
- Website
- Membership Campaign
- Referred by a member _____

CONVENIENT WAYS TO JOIN!

 pihra.org/join
(preferred method)

 Fax to (310) 416-9055

 (424) 329-0200

 Professionals In Human
Resources Association (PIHRA)
18080 Crenshaw Blvd. #7909
Torrance, CA 90504-9998

DEMOGRAPHICS INFORMATION

Gender

- Female
 Male

Education

- High School
 Some College
 Bachelor's Degree
 Some College Beyond
 Master's Degree
 Doctorate

Company Size

- 0 - 49
 50 - 99
 100 - 499
 500 - 999
 1000 - 4,999
 5,000 - 9,999
 10,000+

Company Revenue (in millions)

- Less than \$10
 \$10 - \$25
 \$25 - \$50
 \$50 - \$100
 \$100+

Race/Ethnic Identification

- American Indian/
Alaskan Native
 Asian/Pacific Islander
 Black
 Hispanic
 White
 Other

Years in HR

- 0 - 5
 5 - 10
 10 - 15
 15+

Business & Industry Code

- | | |
|--|--|
| <input type="checkbox"/> Advertising/Marketing | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Aerospace | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Agriculture/Forestry | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Arts/Entertainment/ Recreation | <input type="checkbox"/> Oil & Gas |
| <input type="checkbox"/> Biotech/Pharmaceutical | <input type="checkbox"/> Public Administration |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Publishing/Printing |
| <input type="checkbox"/> Construction/Engineer | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Restaurant/Food Service |
| <input type="checkbox"/> Consumer Services | <input type="checkbox"/> Staffing |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Government | <input type="checkbox"/> Utilities/Energy |
| <input type="checkbox"/> Health | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Wholesale/Retail |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Insurance | _____ |

MEMBERSHIP PAYMENT INFORMATION

PIHRA ANNUAL MEMBERSHIP DUES:

- Cost of new membership: \$125
OR
 Cost of Renewal: \$100

Total Due: _____

*\$50 discount available for Fully Employed students applies to new membership and renewal.

Please indicate method of payment:

- I prefer to pay by check (payable to PIHRA)
PIHRA Tax ID# 95-2222999 (501C6)
 I authorize PIHRA to charge my:
 VISA Discover
 MasterCard American Express

Credit Card # _____

Expiration Date _____

CVV _____

Name (as it appears on credit card) _____

Signature _____


Card Holder's Phone # _____


I hereby apply for membership in Professionals In Human Resources Association and agree to abide by the By-Laws and pledge to practice and uphold its Code of Ethics and help carry out the objectives of the Association. I understand and agree that I will not use my membership, the directory or services for monetary gain, and that the membership is granted to individuals and cannot be transferred to another person. I understand that dues are on a calendar basis and agree to pay the current applicable membership dues.


Applicant Signature/Date _____

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